

Please type a plus sign (+) inside this box → ☒

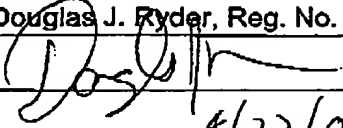
PTO/SB/21 (08-00)

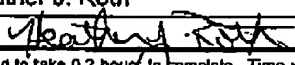
Approved for use through 10/31/2002. OMB 0651-0031  
U.S. Patent and Trademark Office: U.S. DEPARTMENT OF COMMERCE

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

<b>TRANSMITTAL FORM</b> <i>(to be used for all correspondence after initial filing)</i> <b>CUSTOMER NUMBER</b> <b>27832</b>	<b>Application Number</b>	09/748,943	
	<b>Filing Date</b>	27 DECEMBER 2000	
	<b>First Named Inventor</b>	FLICKINGER	
	<b>Group Art Unit</b>	2611	
	<b>Examiner Name</b>	BUI, KIEU-OANH T.	
<b>Total Number of Pages in This Submission</b>	23	<b>Attorney Docket Number</b>	T721-17

ENCLOSURES (check all that apply)		
<input checked="" type="checkbox"/> Fee Transmittal Form <input type="checkbox"/> Fee Attached <input checked="" type="checkbox"/> Amendment / Reply <input checked="" type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input checked="" type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Response to Missing Parts/Incomplete Application <input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Assignment Papers (for an Application) <input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address <input type="checkbox"/> Two Terminal Disclaimers <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s) _____	<input type="checkbox"/> After Allowance Communication to Group <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to Group (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input checked="" type="checkbox"/> Other Enclosure(s) (please identify below):
Remarks RCE Transmittal		

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT	
Firm or Individual name	Expanse Networks, Inc. Douglas J. Ryder, Reg. No. 43,073
Signature	
Date	4/27/04

CERTIFICATE OF TRANSMISSION			
I hereby certify that this correspondence with attachments is being transmitted by facsimile to the U.S. Patent and Trademark Office to: Commissioner for Patents, Washington, DC 20231 on this date: _____			
Typed or printed name	Heather J. Roth		
Signature		Date	4-27-04

Burden Hour Statement: This form is estimated to take 0.2 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington, DC 20231.

PTO/SB/17 (10-03)

Approved for use through 07/31/2008. OMB 0851-0032  
U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

**FEE TRANSMITTAL**  
**for FY 2004**

Effective 10/01/2003. Patent fees are subject to annual revision.

☒ Applicant claims small entity status. See 37 CFR 1.27**TOTAL AMOUNT OF PAYMENT** (\$)**1,159.00****Complete If Known**

Application Number	09/748,943
Filing Date	27 December 2000
First Named Inventor	Flickinger
Examiner Name	BUI, KIEU-OANH T.
Art Unit	2611
Attorney Docket No.	T721-17

**METHOD OF PAYMENT (check all that apply)**☐ Check ☐ Credit card ☐ Money Order ☐ Other ☐ None☒ Deposit Account:Deposit Account Number  
Expense Networks, Inc.

501535

The Director is authorized to: (check all that apply)

☐ Charge fee(s) indicated below ☐ Credit any overpayments  
☐ Charge any additional fee(s) or any underpayment of fee(s)  
☐ Charge fee(s) indicated below, except for the filing fee to the above-identified deposit account.
**FEE CALCULATION****1. BASIC FILING FEE**

Large Entity Fee Code (\$)	Small Entity Fee Code (\$)	Fee Description	Fee Paid
1001 770	2001 385	Utility filing fee	0.00
1002 340	2002 170	Design filing fee	0.00
1003 530	2003 265	Plant filing fee	0.00
1004 770	2004 385	Reissue filing fee	0.00
1005 160	2005 80	Provisional filing fee	0.00
<b>SUBTOTAL (1)</b>			<b>(\$)<b>0.00</b></b>

**2. EXTRA CLAIM FEES FOR UTILITY AND REISSUE**

Total Claims	Extra Claims	Fee from below	Fee Paid
45	-20** = 25	9.00	225.00
Independent Claims	6	-3** = 3	43.00
Multiple Dependent			

Large Entity Fee Code (\$)	Small Entity Fee Code (\$)	Fee Description
1202 18	2202 9	Claims in excess of 20
1201 86	2201 43	Independent claims in excess of 3
1203 290	2203 145	Multiple dependent claim, if not paid
1204 86	2204 43	** Reissue independent claims over original patent
1205 18	2205 9	** Reissue claims in excess of 20 and over original patent

**SUBTOTAL (2)** (\$)**354.00**

\*\*or number previously paid, if greater. For Reissues, see above

**FEE CALCULATION (continued)****3. ADDITIONAL FEES**

Large Entity Small Entity

Fee Code (\$)	Fee Code (\$)	Fee Description	Fee Paid
1051 130	2051 65	Surcharge - late filing fee or oath	
1052 50	2052 25	Surcharge - late provisional filing fee or cover sheet	
1053 130	1053 130	Non-English specification	
1812 2,520	1812 2,520	For filing a request for <i>ex parte</i> reexamination	
1804 920*	1804 920*	Requesting publication of SIR prior to Examiner action	
1805 1,840*	1805 1,840*	Requesting publication of SIR after Examiner action	
1251			

04/27/2004 TUE 12:48 FAX 215 766 2920 TPL

RECEIVED  
CENTRAL FAX CENTER

APR 27 2004

001/023

OFFICIAL

PTO/SB/97 (08-00)

Approved for use through 10/31/2002. OMB 0551-0031  
U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it contains a valid OMB control number.

### Certificate of Transmission under 37 CFR 1.8

I hereby certify that this correspondence is being facsimile transmitted to the  
United States Patent and Trademark Office

on 4-27-04  
Date

Heather J. Roth  
Signature

Heather J. Roth

Typed or printed name of person signing Certificate

Note: Each paper must have its own certificate of transmission, or this certificate must identify each submitted paper.

- 1.) Certificate of Transmittal (1 pg.)
- 2.) Transmittal (1 pg.)
- 3.) Request for RCE Transmittal (1 pg.)
- 4.) Fee Transmittal in duplicate (2 pgs)
- 5.) Petition for Extension of Time (1 pg.)
- 6.) Amendment ( 17 pgs)

Faxed to (703) 872-9306

Burden Hour Statement: This form is estimated to take 0.03 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time required to complete this form should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington, DC 20231.